



## International Student Transfer-In Form

First Name

Last Name

Student ID

Email address

Phone Number

Program of Study

Semester you are admitted to begin:

Fall 20  Spring 20  Summer 20

Transfer Release Date (mm/dd/yyyy)

### TO BE COMPLETED BY A DSO AT YOUR CURRENT SCHOOL

Please complete section below and send directly to Julia.Baer@Rockhurst.edu

Institution's Name

Institution's Phone Number

Institution's Full Address

Student's SEVIS ID Number

Student's Release Date (RU School ID: **KAN214F00460000**)

PLEASE CHECK THE FOLLOWING THAT APPLY:

This student is in good standing and is/was enrolled in a full course of study until (date):

This student is out of status and a reinstatement to student status was filed on (date):

This student is out of status and must file for reinstatement.

The student is currently in Optional Practical Training with an end date on (date):

This student has previously been granted practical training (use below box for any details)

DSO Signature

DSO full name (printed)

Date

DSO Title

DSO Phone

DSO Email